DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: POINT CREEK HOME (410554)

Address: 1722 NEW YORK AVE, MANITOWOC, WI 54220

83.14(7)(b)

83.33(3)(e)5

License Status: REGULAR

Licensed/Certified/Registered 07/01/1996

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History						
Survey ID: 0095018	End Date: 06/01/2009	5 Type: OTHER	Purpose: DESK REVIEW			
Results: NO STATEMENT OF DEFICIENCY ISSUED						
Survey ID: 0093453	End Date: 09/22/2004	4 Type: ABBREVIATE	D Purpose: SURVEY			
Results: NO STATEMENT OF DEFICIENCY ISSUED						
Survey ID: 0091258	End Date: 09/23/2003	3 Type: STANDARD	Purpose: SURVEY			
Results: STATEMENT OF DEFICIENCY ISSUED						
Statement of Deficiency	: #10006902 Served 10	0/27/2003				
				Compliance		
	<u>Deficiencies Cited</u>	Subject Area		<u>Verified</u>	Corrected	
	83.05(2)(a)	CLASS A AMBULATORY (AA)		09/22/2004	Yes	

09/22/2004

09/22/2004

Yes

Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

CONTINUING EDUCATION

MEDICAL RECORD DOCUMENTATION